



\$ 2835

DOCKET NO. GS 02014

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gordon Simms

Serial No.: 10/073,443

Group No.: 2835

Filed: February 11, 2002

Examiner: Yean Hsi Chang

For: APPARATUS FOR SECURING A COMPUTER MOUSE SUPPORT PAD TO A MEMBER

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

RECEIVED

FEB 24 2004

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an Amendment for this application.

STATUS

2. Applicant is

☒ a small entity

☐ other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Susette Flaherty

(Type or print name of person mailing paper)

Date: February 13, 2004

Susette Flaherty
(Signature of person mailing paper)

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDN. FEE	OR	ADDN. FEE
TOTAL ♦	19	MINUS ♦♦	20	-	0	x 9=	\$		x18= \$
INDEP. ♦	2	MINUS ♦♦♦	3	-	0	x43=	\$		x86= \$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+140=	\$		+280= \$
						TOTAL	\$	OR	TOTAL \$

ADDN. FEE \$ 0

- ♦ If the entry in Col. 1 is less than entry in Col. 2 write "0" in Col. 3.
 - ♦♦ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - ♦♦♦ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

(complete (a) or (b) as applicable)

(a) ☒ No additional fee for claims is required.

OR

(b) ☐ Total additional fee for claims required \$_____.

FEE PAYMENT

5. ☐ Attached is check no. _____ in the sum of \$_____ to cover the Extension of Time Fee.

☒ Payment by credit card. Form PTO-2038 is attached.

FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is non authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, 1065 O.G. 31-33.

6. ☐ If any additional extension and/or fee is required, charge Account No. _____.

AND/OR

[] If any additional fee for claims is required, charge Account No. _____.



SIGNATURE OF AGENT

Amos Bartoli

Type or print name of Agent

Registration No.: 42,299

JAMES RAY & ASSOCIATES
2640 PITCAIRN ROAD
MONROEVILLE, PA 15146

TELEPHONE: 412-380-0725
FACSIMILE: 412-380-0748